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ATTACHMENT VI

TECHNOLOGY INNOVATIONS FUND
QUARTERLY PROJECT STATUS SUMMARY

September 1, 2003

On March 1, June 1, September 1, and December 1, E-Mail the following status information to the Council Chairman at [this address](#).

Department/Agency: **LSU Health Sciences Center-Shreveport**

Name of Project: **Saving Lives and Enhancing Efficiency: Managing Medications and Medical Supplies**

LTIF Log No.:

Project Coordinator: **Lee Bairnsfather, Ph.D.**

Project Status: **25% behind schedule**

Date: **September 1, 2003**

Percent Complete: 40%

Explanation¹:

On average the project is 25% behind the proposed schedule.

A bill in the spring legislative session moved EA Conway Hospital in Monroe under the administrative oversight of LSUHSC-S. Because of the administrative change, there will be a further delay in the implementation of this project, because resources will have to be diverted for the next 6-12 months to assist with the I.T. conversion process for EA Conway hospital. We will submit to the LTIF board a formal request to extend the project one year, at no additional cost.

The materials management project for the operating room (surgery) is still on schedule because the hospital has chosen to implement a "just-in-time" inventory and delivery system, exactly like the very successful system that has been implemented in the Pharmacy. Within FY2003, this new surgery inventory system should almost completely eliminate standing inventories, resulting in over \$1,000,000 in cost recovery. The bid was awarded to Owens and Minor for the single-source contract for all medical supplies (including the operating room supplies) for the entire hospital. Key personnel for the conversion team have been identified. An interface between the Owens and Minor

system and the PeopleSoft purchasing system is now being planned to further automate the purchasing and materials management process.

The upgrade to the pharmacy system has been completed. We are now entering the planning stage for the Medication Administration Check project, in which wireless, barcode-enabled scanners will be used to manage medications at the bedside. Also notable is that the Food and Drug Administration will soon require barcodes on all medications, an unexpected development that may significantly reduce the implementation time on this phase of the overall project. This system will be implemented in two hospital wards by June, 2004.

We continue to test new PDA's. By delaying the selection of the PDA, we hope to purchase a device with improved functionality at a lower cost.

The vendor has completed the initial evaluation for the Physician Order Entry project. The projected implementation for the first site is June, 2004, which will be about 8 months behind schedule. At this time, the projected cost for this phase of the overall project will be about 10% (\$90,000) higher than expected, but we hope to save money on consulting services so that this sub-project will be implemented within the original budget.

The site survey for wireless Ethernet Local Area Network (LAN) has been completed, and all wireless access points have been delivered. Installation will occur over the next 4 months. These access points have been delivered with the proposed technology (802.11b) but can be upgraded to a newer technology (802.11g) that supports both standards.

¹Note: An explanation should be provided if the project's "percent complete" is behind the baseline

"percent complete" established with the MOU.